PHIP 2002: A World of Threats and Opportunities

The goal of the Public Health Improvement Partnership (PHIP) is to ensure that Washington's public health system is prepared to address every challenge that could jeopardize the health of Washington residents. As this document goes to press, these challenges to our state's public health system are daunting. We are preparing to administer smallpox vaccine for the first time in many years. We are quickly mobilizing resources to shore up preparedness for other forms of bioterrorism and public health emergencies. West Nile virus has emerged in our area, and we are faced with looming economic uncertainty that threatens the basic infrastructure of our system.

Every two years, this document reports on progress we have made to strengthen the public health system and makes recommendations for important next steps toward meeting this goal. In the following chapters, you will read about accomplishments derived from working on previous PHIP recommendations and about innovative approaches to public health issues that reflect the dedication and spirit of cooperation of our public health workers. While we are proud of the work done to date, we acknowledge that we are quite far from achieving our vision of the public health system, as described on the inside front cover of this report. The progress we have made is fragile; it will be quickly lost if we lessen our efforts statewide.

We know that challenges we face today will require serious and sustained commitment over the coming years. It is imperative that we maintain a public health system resilient enough to meet them.

Threats abound

All of the country's public health officials, at the local and state levels, are participating in a national effort to develop capacity to detect and respond to bioterrorism events. The anthrax scare that occurred during 2001 demonstrated clearly the importance of having a public health system prepared for swift response to such a threat. That experience—felt in every community in our state—required scientific expertise and effective communication (see box, page 9). But the extraordinary demands—in time, staff, and funding—that this new test presents come at a time when Washington's public health system is struggling to accommodate the potential loss of key funding from all government sources on which it depends: federal, state, and local revenues.

The erosion of resources threatens to destabilize the system. For years, tight budgets have challenged the system's ability to keep up with demands for services. Each program has been stretched beyond its actual funded level. It is increasingly difficult to recruit and maintain staff with the necessary specialized skills to perform such public health work as disease investigation and control, public health nursing, and food safety inspections.

Dwindling resources aggravate a persistent problem in public health, which historically has been underfunded. The committee that studied financing issues for this report agreed that across-the-board investments for public health should be substantially higher just to carry out basic services. It calculates that the system is running on only a third of the resources it needs (see page 23).

Increased demands, coupled with diminishing resources, will threaten the public health system in the following ways:

Reduction and elimination of programs

As revenue shrinks at all levels of government, the programs supported by those revenues will be cut back or eliminated. In public health, cutbacks will require tough choices. What level of immunization do we maintain and for which diseases? How can we continue responsible follow-up on infectious diseases when a scourge of the past—like tuberculosis—begins to re-emerge? Do we reduce effective prevention programs, such as the Women, Infants and Children (WIC) nutrition program, when we know they prevent later health problems and costs

by helping children get a healthy start in life? We have learned that we cannot secure needed resources simply by shifting costs among different levels of government—because all parts of government are today feeling budget pressures.

Lowered response capability

If public health services are scaled back across many programs, the entire system will be less robust and less able to respond to emergencies. A community threatened by an infectious disease outbreak such as measles or meningitis will need a cadre of people prepared to drop their day-to-day activities to respond to this crisis. If resources become too thin, communities may find themselves without the public health physicians, nurses, and epidemiologists necessary to mount a successful immunization campaign, just when they need them most.

Compromised environmental health

Most environmental health services, such as inspections of restaurants and septic tank systems, are supported by fees. But the fees charged do not always cover the full cost of service and rarely cover the "population-based" prevention and assessment activity that must go on outside of inspections. Examples of such activities are food safety education for the public, detection of "non-point" pollution affecting drinking water supplies, and meth lab clean-up. When these population-based services are neglected, we run the risk of allowing serious degradation of the food, air, and water that we all count on to remain healthy.

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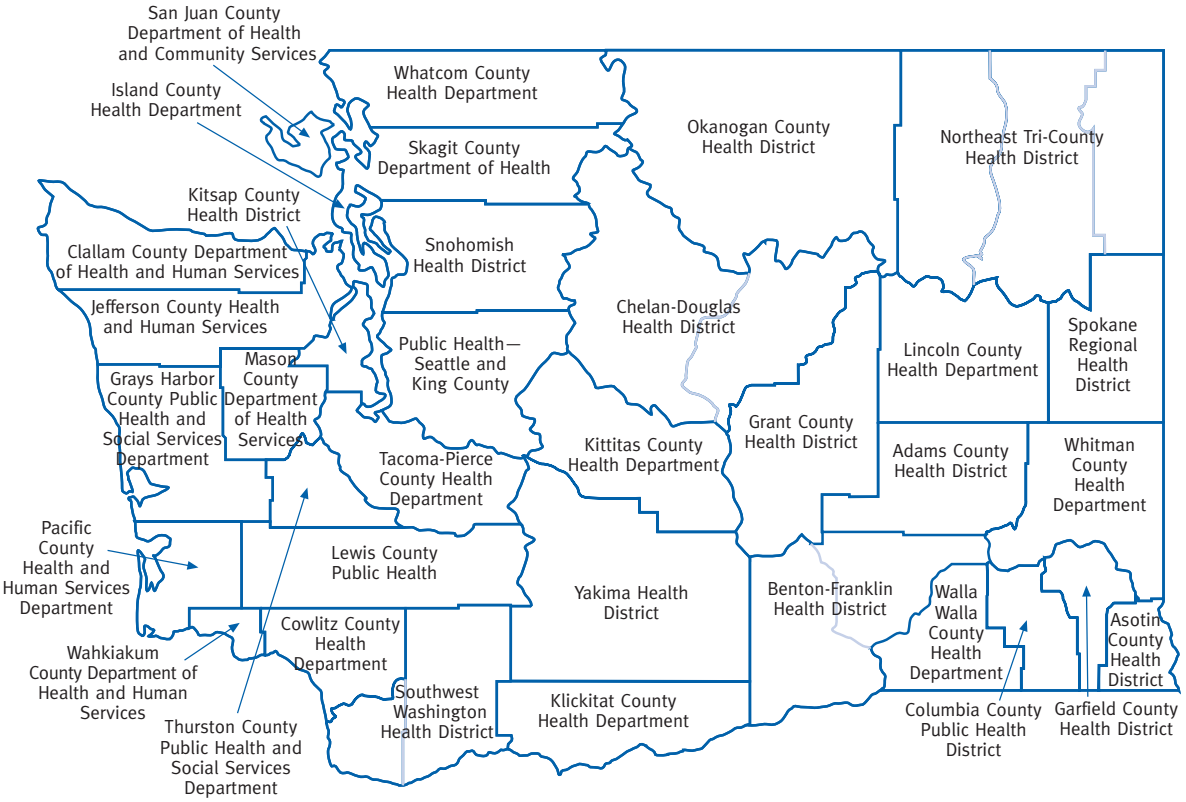
Washington's Local Health Jurisdictions, 2002



In 2002, there were 34 local health jurisdictions in Washington State (see list, page 44). In 2003, there will be 35 because Clark and Skamania counties will establish separate departments. These are currently combined as the Southwest Washington Health District.

Mobilizing Against Bioterrorism

Mid-October 2001. The United States, still reeling from the September 11 attacks, is facing a new menace in domestic bioterrorism. Anthrax—a disease known to be contracted through exposure to infected animals—is turning up in the workplace and the mail. White powder, anywhere, is suddenly suspected of containing deadly anthrax spores.

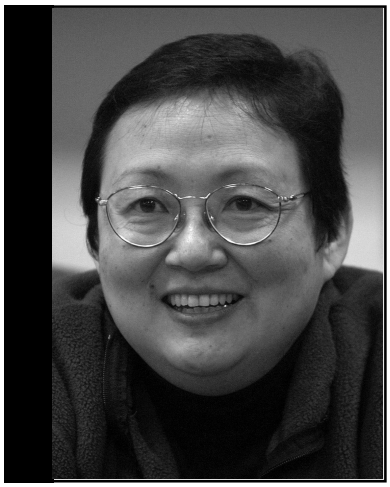
Washington's public health emergency response system—its network of medical providers and state and local public health agencies—is ready as always to investigate, report, and respond to health risks. But what real threat are the state's residents facing from white powder? It could be deadly, but the overwhelming odds are that it's harmless.

Elsewhere in the country, state public health systems are being inundated with substances that a terrified public thinks might be anthrax. But in Washington, the state Department of Health works out a triage structure to identify the most risky specimens for testing at the state lab near Seattle. The process engages public health workers from throughout the state, who spend thousands of hours on the telephone and in meetings, helping the public understand the potential risks of anthrax, providing training to first responders and law enforcement officials, investigating suspicious samples, and quickly communicating information about a situation that changed hourly.

Within a week, public health officials issue guidelines on how to determine when suspicious powders are a real threat. This information is communicated immediately to Washington's 34 local public health jurisdictions and to 300 law enforcement agencies throughout the state, who respond to more than 1,000 calls about suspected anthrax. But with the triage in effect, the state lab receives only 150 specimens to test—a manageable number, in contrast to many states.

Washington State did not experience an anthrax case in the anxious months after September 11, but a high level of public concern called on all its available resources to respond. The public health system learned that it could respond quickly and effectively to the understandable fears, but agencies worked under tremendous pressure to keep up with demands for information.

The situation underscored what public health officials already knew: the resources needed to respond were extremely thin, and a great deal more work must be done to shore up the public health infrastructure in the event that a real case—and not just the threat of one—were to happen.



Shortly after the threat of anthrax was known in Thurston County, Health Officer Diana Yu held training sessions for local emergency responders, including fire and police staff.

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Untreated health problems

Appropriate medical care is essential. When access to care is restricted, health problems worsen until they become acute, life threatening, or a risk causing disability. At this point, people seek treatment at emergency rooms, a costly and inefficient setting for routine care. When large numbers of people cannot get the health services they need, access becomes a community problem. In a faltering economy, thousands of Washington residents may lose employer-subsidized health insurance or be unable to buy individual polices. Others may suffer from possible cutbacks in federal and state-supported medical care. Taken together, these trends may force down access to health services for entire communities, as providers move away or cannot maintain economically viable clinics or hospitals.

The access problem leaves the state's public health system in a difficult spot. One function of public health is to help people obtain the health services they need. But public health agencies cannot take the place of the health services delivery system. Instead, they must focus on the vital role of helping communities identify the health care resources they need and strategize how to shore them up across the state.

Failure to prevent

Prevention is the least costly way to reduce both the burden of health care costs and suffering from illness. Prevention can take place at the individual level, such as when a health care provider diagnoses a problem in a sufficiently early stage to restore health. But the greatest prevention opportunities stem from large-scale, population-based efforts. Examples include lowering smoking rates, reducing drunken driving fatalities, and keeping chemical pollutants from seeping into sources of drinking water. Unfortunately, our health dollar investments have been heavily weighted toward sickness and clean-up, so we are failing to capture the savings that prevention investments could achieve.

Opportunities before us

While the current public health and health care issues present extreme challenges, Washington has some opportunities to make a tough situation better. First among them is the Public Health Improvement Partnership (PHIP), whose members include:

- The Washington State Department of Health,
- The Washington State Association of Local Public Health Officials (WSALPHO)
- The Washington State Board of Health, and
- The Northwest Center for Public Health Practice, part of the University of Washington School of Public Health and Community Medicine.

These partners came together as Washington implemented public health improvement legislation passed in 1993 and 1995, and since then, they have guided changes in how the state and local public health system is managed, organized, and financed.

The partners have created a common vision of the public health system of the future and are actively pursuing its objectives. They have developed a detailed work plan (see page 12) and have pooled resources and staff time to support it. Hundreds of people from the public health workforce have been tapped to provide expertise to carry out a broad range of work plan activities.

In its collaborative approach to state and local public health policy, its outreach to community partners, and its commitment to quality

"Working with the Public Health Improvement Partnership over the last decade, I've watched a series of exciting changes transform Washington's public health system."—State Health Officer Maxine Hayes

improvement, the PHIP work plan is an excellent model for the direction urged in two recently published reports from the federal Institute of Medicine (see box, below).

The dedicated attention to the PHIP work plan and its emphasis on supporting a state and local public health *system* has fostered innovations that will be used in Washington and emulated across the country. Among these are: creating a well-researched health report card, setting clear standards for public health practice, developing cost models for basic public health services, implementing standardized electronic disease reports, establishing a multi-state training network, developing a menu of critical health services, and creating a toolkit for effective communication about public health.

For nearly a decade, Washington's Public Health Improvement Partnership has set ambitious goals to improve the health of people who live in Washington and to ensure that they receive adequate public health protection at all times, in all corners of the state. This is what every resident has a right to expect.

The PHIP's efforts over the past decade have enhanced the ability of the public health system and its partners to improve public health expertise, achieve greater overall efficiency, and pursue clearer goals. One objective that remains elusive, however, is to establish stable and sufficient funding for Washington's public health system. Despite the achievements of the PHIP, this issue continues to cloud the future.

Institute of Medicine: Public Health Needs New Partners

In 1988, the federal Institute of Medicine (IOM) forever changed the direction of U.S. public health policy with its report, *The Future of Public Health.* The report urged public health agencies to focus on their core mission of community-level disease prevention and health promotion rather than categorical programs and clinical services. Much of the guidance for the work of Washington's Public Health Improvement Partnership comes from the IOM report. In November 2002, the IOM published two reports that will likely have a profound impact on public health policy in Washington and other states. Together, they recommend an approach to public health improvement that is consistent with the work of Washington's PHIP. University of Washington School of Public Health and Community Medicine Dean Patricia Wahl served on the committees that produced both of these reports.

The Future of the Public's Health in the 21st Century (http://www.nap.edu/catalog/10548.html) reports on the nation's capabilities to address new health challenges such as West Nile virus, the threat of bioterrorism, and the growing prevalence of chronic conditions driven by social and environmental factors. The Institute contends that only "a well-integrated public health system supported by political will, public and private partnerships, and other necessary resources can meet new and ongoing health challenges."

The IOM recommends a new approach to public health policy through which the health care delivery system, academia, community organizations, business, the news media, individual members of society, and others all work as partners with public health agencies to promote and protect the nation's overall health. This approach incorporates new public-private partnerships; investment in public health infrastructure at the federal, state, and local levels; and a federal government-led effort to improve health care availability.

Who Will Keep the Public Healthy? Educating Public Health Professionals for the 21st Century (http://www.nap.edu/catalog/10542.html) suggests ways to train public health professionals to meet new health threats. The report addresses issues such as formal training for public health workers, something only a small minority now receives, and certification as to competencies that include communication and policy skills. The report emphasizes the value of collaboration among professional schools and degree programs, local and state health departments, and community organizations.

Public Health Improvement Partnership 2002
PHIP 2002 Work Plan Elements and Committee Objectives

Work Plan Element	
Key health indicators	✔ Publish *The Health of Washington State.* ✔ Gather report card data, publish results, evaluate report card. ☐ Add data to Behavioral Risk Factor Surveillance System surveys.
Standards for public health	✔ Distribute revised standards and communications tools. ✔ Provide training on standards and quality improvement. ✔ Plan and conduct baseline study and analyze data.
Financing public health	✔ Describe and validate a list of core public health services. ✔ Review funding formulas that guide current resource allocation. ☐ Study financing and performance links and recommend actions.
Information technology	✔ Continue VISTA software for public health data and move to web-based design. ✔ Conduct an inventory of technology programs and capacity. ✔ Implement PHIMS, a system for managing public health and disease information. ☐ Set committee's five-year plan for compatible programs.
Workforce development	✔ Describe core competencies needed in public health practice. ✔ Develop and introduce new curricula. ✔ Establish a Leadership Institute for public health. ✔ Support Local Boards of Health workshop. ☐ Design and conduct a study to describe (enumerate) the public health workforce.
Access to critical health services	✔ Disseminate the Menu of Critical Health Services, seeking additional comment.
Effective communication	✔ Complete research and a strategic plan for effective communication. ✔ Provide products and tools for communicating about public health. ☐ Provide training in the use of new tools.